

EL CAMINO COMMUNITY COLLEGE
FIRE & EMERGENCY TECHNOLOGY DEPARTMENT
PARAMEDIC TRAINING PROGRAM APPLICATION

Please print in ink or type:

PERSONAL INFORMATION

Legal Name	Last	First	Middle	Social Security Number
Home Address	Street	City	State	Zip
Home Telephone ()	Work or Message Telephone ()			Date of Birth
Pager Number ()		Driver License Number :		Class: State:
In Case of Emergency, Notify:				Relationship
Name		Telephone ()		
Address		Street	City	State Zip

GENERAL INFORMATION

If you are presently employed, may we contact your employer for a reference? () Yes () No If no, please explain:
Have you ever been discharged from a job? () Yes () No If yes, please explain:
How did you find out about this program? () Friend/Relative () Ad () PTI Graduate () Other

To accurately determine institutional compliance with the Federal Rights Act of 1964, the Department of Health, Education, and Welfare requires El Camino College to collect the following data: (Please mark one only)

- | | |
|--|---|
| __ A. American Indian or Alaskan Native
__ B. Asian
__ C. Black (not of Hispanic origin)
__ D. White (not of Hispanic origin)
__ E. Hispanic | __ F. Filipino
__ G. Pacific Islander
__ H. Other
__ X. Decline to state |
|--|---|

Gender: Female _____ Male _____

High School Graduate/GED: Yes ___ No ___ Year Graduated _____ (Proof Required)

Number Years of College _____

Highest Degree Held: AA _____ BA/BS _____ MA/MS _____ OTHER _____

Length of time since last formal education : _____

Please complete the following:

MEDICAL EXPERIENCE:

- ☐ Medical Military Experience Number of Years: _____
- ☐ EMT-1 (Attach Documentation) Number of Years: _____
- ☐ R.N./L.V.N. Number of Years: _____
- ☐ Other Specify: _____

**APPLICANTS MUST ANSWER THE FOLLOWING
PLEASE CHECK THE APPROPRIATE BOXES AND SIGN:**

Have you previously attended an EMT-Paramedic Program? ☐ ☐
Yes No

If yes, please explain

Attach additional documentation, if necessary

Have you ever applied for an EMT-P certificate in any County/State and been denied? ☐ ☐
Yes No

If yes, please explain

Have you ever been or are you currently the subject of a formal prehospital certification disciplinary action or proceeding? ☐ ☐
Yes No

If yes, please explain

Attach additional documentation, if necessary

As a juvenile or adult, have you ever been cited/convicted of a misdemeanor or felony? ☐ ☐
Yes No

If yes, please explain

Attach additional documentation, if necessary

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge. I understand and agree that any falsification or omission of material fact may cause forfeiture on my part of all rights to EMT-Paramedic certification in the County of Los Angeles.

Applicant's Signature

_____/_____/_____
Date

EDUCATION

This section **must** be completed even if supplemented by a resume. List all schools attended. Attach additional pages if more space is required.

Dates Attended	School Attended	Status	Certificate/Diploma Degree?
From: To:	High School Street City _____ State Telephone (____)	Years/Units Completed: Presently Enrolled: Yes ___ No Date Graduated: Approximate GPA:	Major Degree/Certificate/ Diploma: Yes ___ No
From: To:	EMT-1 School Street City _____ State Telephone (____)	Date Completed: Cert No.: Expiration Date: Issued By:	N/A
From: To:	College Street City _____ State Telephone (____)	Years/Units Completed: Presently Enrolled: Yes ___ No Date Graduated: Approximate GPA:	Major Degree/Certificate/ Diploma: Yes ___ No
From: To:	College Street City _____ State Telephone (____)	Years/Units Completed: Presently Enrolled: Yes ___ No Date Graduated: Approximate GPA:	Major Degree/Certificate/ Diploma: Yes ___ No

EMPLOYMENT RECORD

This section **must** be completed even if supplemented by a resume. List most recent employment first. Include all employment, military service, and volunteer service since completing high school. Letters from EMS companies/hospitals **must** indicate the approximate number of shifts worked per month and the approximate number of responses per shift. Attach additional pages if more space is required.

Dates Attended	Employer	Your Position	Reason for Leaving
From: To:	Company Street City _____ State Telephone (____)	Title Duties Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone (____)	Title Duties Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone (____)	Title Duties Approx # Hrs/week	
From: To:	Company Street City _____ State Telephone (____)	Title Duties Approx # Hrs/week	

I hereby certify that all statements made on or in connection with this application are true to the best of my knowledge and belief. I understand and agree that any falsification or omission of material fact may disqualify me from consideration for acceptance into the Paramedic Program. Additionally, I authorize the School to verify the statements made on or in connection with this application.

Applicant's Signature _____

Date _____